



Office of the Comptroller
Commonwealth of Massachusetts
Federal Grant Charge (CH) Request

Submit form to:	Revenue Bureau - Office of the Comptroller One Ashburton Place, 9th Floor Boston, MA 02108
Header Section	
Date	
Budget Fiscal Year	
Fiscal Year	
Period	
Accounting Section	
Event Type	CG01
Line Description	
Line Amount \$	
Fund Accounting Section	
Fund	0100
Sub Fund	0000
Revenue Source	
Dept	
Unit	
Appropriation	
Detailed Accounting Section	
Program Code	
Sub Account	
Program Period	
CH justification statement (reason for processing CH)	

Dept. Authorized Signatory: _____ Date: _____

OSC Authorized Signatory: _____ Date: _____

Fed Balance

Neg Draw Balance

EX Processed? ☐

check if yes

EX Date